

Tubekuloses Marasin

Versen 2 – April 2013

Pidgin

Wai i impotent long tritim sik tubekuloses (TB)?

Dokta bai oderim tritment bikos long ol dispel risen:

- **Tritment blong sik TB.** Sik TB i no save olgeta taim kamapim sik kus, lusim weight, swet long nait na kus blut tasol ol dispela sain i ken kamap na man o meri i ken dai sapos ol no kisim gutpela tritment. Sapos ol no stopim dispela sik ol narapela i ken kisim dispela sik tu. Yu mas pinisim tritment blong TB i kam long dokta. Lik lik taim bihain taim yu stap long tritment bai yu pilim orait na kamap orait. Ol gem blong dispela sik i ken stap yet long bodi na long kisim full tritment bai i kilim ol gem. Sik TB i save gat infeksens na tritment i save stopim na ol narapela i no ken kisim.
- Tritment blong sik TB i stap long bodi longpela taim long stopim dispela sik long kamap taim i gat infeksens wantaim gem blong TB na nogat sain blong dispela sik. Occasionally anti-tuberculosis drugs are used to treat other types of infection, such as non-tuberculous mycobacterial diseases.
- Sampela taim ol save usim anti-tubekuloses marasin blong tritim ol narapela infeksens olsem non-tubekuloses maikobakteria sik.

Wonem taim baim mi ken kisim marasin?

No ken fail long kisim marasin olsem dokta i tok long kamap orait. Ol marasin ol save givim olgeta taim, tasol sampela taim ol bai givim tupela o tripela dei long wik. Long dispela, yu mas kisim marasin long ol wan wan dei olsem ol nes long klinik i tok (lukim pes 3, point 13) o narapela supavaisa. Yu mas daunim marasin, (noken kai kaim marasin) long same taim olgeta dei na nogat kai kai lo bel (wan na hap aua bipo o bihain long kaikai). Planti lain save painim isi long kisim marasin bipo long bet taim. Yu mas kisim ol marasin same taim tasol no ken daunim olgeta wantaim.

Wonem kain ol marasin ol save usim long tritim sik TB?

Daun bilo em, ol lis blong marasin blong tritim sik TB na sampela ken wokim yu sik taim yu kisim ol. I no olgeta sik blong dispela marasin i stap long dispela lis. Dokta blong yu bai tok tok long dispela wantaim yu. Ol marasin i no olgeta taim bai mekim yu sik na ol no nap usim tasol em impotent long yu luksave na toksave long dokta sapos yu pilim sik taim yu kisim ol. Ripot long dokta sapos yu pilim yu laik taraut, bel i pen, ai kala em yelou, pipis kala i tutak liklik o pek pek kala i kamap lait em impotent bikos, wanpela long ol marasin i ken givim yu ol dispela hevi..

INAH (Isoniazid): Lik lik waitpela marasin em strong blong em 100mg, i storongpela marasin blong TB gem. Sampela taim dispela save mekim yu bai i no pilim orait, no nap konsentrait o ol lik lik buk kamap long pes. Sapos ol dispela i mekim na yu no pilim gut o yu pilim sampela samting i no stret, yu mas hariap ripot long dokta. Pilim wik, bulut i no ron na bodi no pilim pen o lik lik pen olsem pin wok long sutim yu long han na lek sampela taim sapos yu no bin kaikai gut o diring spak. Ol sain yu mas luksave em, yu laik taraut, bel pen, ai blong yu i yelo, pispis i tutak lik lik o pek pek i senis kala kamap lait lik lik yu mas ripot hariap bikos dispel a i ken soim liva i gat toxisiti. Sapos yu wok long kisim INAH, yu bai kisim tu marasin pyridoxine (Vitamin B6) long lik lik waitpela marasin long 25mg. Isoniazid sirap i stap blong ol lik lik pikinini long lik lik dose.

Rifampicin: Ol marasin i kam long storongpela 150mg, 300mg na 600mg, em ol storongpela tru agensim TB gem. Ol kala blong ol arakain marasin i gat wan wan storong blong ol yet. I gat Rifampicin sirap i stap tu blong ol lik lik pikinini long lik lik skel. Dispela marasin i ken mekim kala blong pispis i kamap ret, oranse o braunpela ret kala na sampela taim ol narapela wara blong bodi olsem ai wara tu kala i senis. Yu no ken pore long dispela, em min olsem marasin i wok insait long bodi. Yu mas tokim dokta long ani marasin yu save kisim olgeta taim bikos rifampicin i ken afektim sampela marasin olsem warfarin, prednisone na ol marasin blong kisim long maus.

Sapos yu kisim marasin olsem kontraseptive pill, dispel marasin bai nogat storong na yu mas usim narapela kontraseptive marasin. Tingim long tokim dokta sapos yu wok long kisim dispela marasin.

Long stopim rifampicin tritment i ken bringim bikpela sik olsem sik kus (wantaim het pen, fiva na skin kol) wantaim lusim blut na bodi i gat mak mak long bodi na blut i ron. Sapos dispela i kamap yu mas tingim olsem ol sain i no save kamap olgeta taim sapos yu kisim ol marasin olsem ol i tok na olgeta taim long taim blong kisim.

Ethambutol: Ol marasin i kam long tupela kain storong, em 400mg em bikpela grei marasin, na 100mg em lik lik yelou marasin. I impotent long ripot long any senis i kamap long ai blong yu (olsem luk luk i no kamap gut o senis long kala blong luk luk) taim yu kisim dispela marasin. Sapos yu gat sik blong kidni o yu gat gaut, ripotim long dokta bipo yu stat long kisim marasin.

Pyrazinamide: Dispela em bikpela waitpela 500mg marasin blong pait storong agensim TB gem long pes stat blong tritment. Ripot long dokta ani kain sik olsem skin blong yu gat girile, fiva, taraut, yelou kala long skin o ai, pispis i tutak, sukuru pen o yu lusim blut o skin i gat mak mak. Sapos yu gat gaut, plis tokim dokta blong yu.

Streptomycin: Dispela injeksen ol save givim na usim wan wan taim tasol. Ripot long dokta blong yu ani sain blong ai raun, yu lusim balance, taraut, pairap long eau o yu no harim tok tok.

Prothionamide: Lik lik, orange*250mg marasin antap blong em i smooth. Prothionamide marasin, em ol save usim wan wan taim. I gat sait i feks blong en olsem, pilim taraut i laik kam, taraut na pek pek wara ken kamap na yu mas ripotim.

Cycloserine: 250mg grei o retpela* marasin insait long karamap em ol no save usim planti taim. Impoten sait i feks em pasin i senis na lus tingting o lusim memori.

*Ol lain wokim marasin i ken senisim kala blong marasin.

Ol wonem kain sain mi ken ripotim long dokta blong mi?

Sampela ol sait ifeks i stap long lis antap, em planti lain i nap winim tritment na no pilim ol sait ifeks blong marasin.

Sapos yu pilim ol dispel sain:

- skin girile (ken kamap sapos yu gat alegi long marasin na mas ripotim hariap)
- ol narapela sain blong alegi (em skin long maus, insait long maus na ai i solap; nus i ron, yu kisim fiva; na maus i sua, yu mas ripot hariap)
- taraut, pek pek wara na bel i pen
- yu pilim olsem pin i wok long sutim han na lek
- kain kain mak long bodi
- ol narapela sain olsem yu pilim tait, ai na het i raun

Em impotent long kontekim:

- tubekuloses Kontrol Unit (lukim lokeisen na kontek daun bilo)
- lukim dokta blong yu
- o go hariap long haus-sik

Moa Inpomasen

Lokeisen	Telfone	Lokeisen	Telfone
Metro South Klinik TB Sevis Princes Alexandra Haus-sik (Brisbane)	3176 4166	Cairns TB Kontrol Unit Cairns Base Haus-sik	4226 6240
Rockhampton TB Kontrol Unit Rockhampton Base Haus-sik	4920 6211	Townsville TB Kontrol Unit Townsville General Haus-sik	4433 2860
Toowoomba TB Kontrol Unit Toowoomba Haus-sik	4616 6446		

Wanem samting bai mi mas wokim nau?

1. Kisim olgeta marasin wantaim long same taim insait long wan wan dei-no ken daunim olgeta marasin wantaim. Yu mas bihainim ol tok tok, advais, instraksen na tritment blong ol medikal na nesing staff. Dokta na nes blong yu mas putim daun hamas namba blong marasin you wok long kisim.

Drug	Dose	Drug	Dose
INAH (Isoniazid)	.....tablets	Prothionamide	.....250mg tablets
Rifampicin	..... 600 mg tablet 300 capsules 150 capsules	Cycloserine	..... 250mg tablets
Pyridoxine	..... 25mg tablets	<i>Ol narapela</i>	
Ethambutol	..... 400mg tablets 100mg tablets		
Pyrazinamide	..... tablets		

2. Yu mas kisim marasin blong yu inap yu kisim toksave long dokta long stopim marasin. Tingim yu mas kisim ol marasin olgeta dei (na bihainim olsem dokta i tok) na tu taim yu pilim orait yu mas kisim.
3. Planti TB tritment i orait long kisim taim yu gat bel na no ken stop long kisim tritment inap yu lukim dokta blong yu. I impotent long tokim dokta blong yu sapos yu gat bel.
4. No ken senisim skel blong marasin na dei blong kisim marasin
5. No ken givim marasin long ol narapela sapos ol i pilim wankain complain olsem yu. Tok ol long go lukim dokta o Tubekuloses Kontrol Unit.
6. Tritment blong TB em bai kisim longpela taim (sixpela mun tritment olgeta blong sik bai pinis). Olsem na u mas pinisim tritment olsem ol i tok sapos u pilim orait. Yu ken tok tok wantaim dokta blong yu.
7. Dokta bai askim yu long kam lukim em olgeta taim long appointment na em impotent lo yu bihainim dispela appointment. Sapos yu no nap attendim dispela taim blong yu wantaim dokta, yu mas tokim Nes long TB Uni or dokta lukautim yu so ol ken mekim nupela appointment.
8. Ol marasin i fri yu no nap baim long moni na Dipatmen blong Health wantaim pablik haus-sik opis blong ol marasin. Ol bik lain i saplai long Metro South TB Unit em Princess Alexandra Haus-sik long opis blong marasin na yu ken kisim ol marasin namel long 9.00am (moning) na 4.30pm (avinun), Mande na Fraide (Pablik Holidei ol no op). Sapos dispela i no gutpela long yu, plis tokim dokta long we yu laik kisim marasin blong yu. Yu mas kisim ol marasin blong yu long olgeta taim (long same dei olsem taim blong yu wantaim dokta). Sapos saplai blong yu i go daun, kisim moa marasin kwiktai bipo marasin blong yu pinis.
9. Sapos yu no kilia long tritment blong yu o marasin, kontekim ol Medikal o Nesing lain long TB Kontrol Unit klostu long yu long taim blong wok o dokta blong yu.
10. Kontekim dokta blong yu o yu mas hariap na kontek wantaim TB Kontrol Unit sapos yu gat ani sait ifeks.
11. Tingim long bringim ol marasin na emti botol taim yu go lukim dokta blong yu. No ken lusim marasin klostu long ol piknini o lusim long ples kol.
12. Bai i gat nes blong TB Kontrol Unit save stap long lukautim yu taim yu wok long kisim marasin. Ol nes bai kontek na kam lukim yu taim yu wok long kisim marasin na monitorim hau yu wok long kamap orait. Yu ken toktok long ol long wanem kain wari yu gat long askim ol long dispela sik.
13. I gat planti risen wai dokta blong yu i plenim tritment blong yu bikos blong monitorim ol pen o sait ifeks. Supavaisa bai givim yu marasin blong kisim same taim long ol wan wan dei.

Tuberculosis Medications

Version 2 – April 2013

Why is tuberculosis (TB) treatment important?

Treatment will have been ordered by the doctor for one of the following reasons:

- **Treatment for active TB disease.** TB does not always cause the classic symptoms of coughing, weight loss, night sweats and blood-streaked sputum, but these symptoms may develop and death may occur if the disease is not properly treated. Untreated disease also puts others at risk of infection. Prescribed TB treatment must be completed. After only a short time of being on treatment, you may feel much improved, or even very well. However, germs may still be present and only a full course of treatment will kill all germs. TB is an infectious disease and treatment prevents passing the infection on to others.
- **Treatment for latent TB infection, to prevent TB developing** where there is evidence of infection with the TB germ, but no sign of active disease.
- Occasionally anti-tuberculosis drugs are used to treat other types of infection, such as non-tuberculous mycobacterial diseases.

When do I take my tablets?

Medications must be taken without fail as directed by your doctor for successful treatment. Medications are usually given daily, but sometimes they are only given two or three days a week. In this case, they must be taken on the specified days and under direct supervision by either a nurse from the clinic (see page 3, point 13) or another supervisor. Medication should be swallowed (*not chewed*) at the same time each day on an empty stomach (one and a half hours before or after food). Most people find it best to take the medications before bed. All medications should be taken at the same time, but do not need to all be swallowed together.

Which drugs are used to treat TB?

Below is a list of drugs used to treat TB, and their possible side effects. Not all side effects are listed, and your doctor will discuss them in more detail. The medications usually cause no side effects that would prevent their use, but it is important to recognise these, and report them to your doctor if they occur. Reporting any symptoms such as nausea, abdominal pain, yellow eyes, dark urine or pale bowel motions *immediately* is most important, because one or more of the drugs can cause these problems.

INAH (Isoniazid): Small, white tablets of 100mg strength, which are powerful against the TB germ. They sometimes cause minor symptoms such as irritability, fatigue, lack of concentration or worsening of acne. If these result in mood and behaviour changes, they should be reported *immediately* to your doctor. Weakness, numbness and tingling of hands and feet occasionally occur, especially with poor nutrition or excess alcohol intake. Symptoms such as nausea, abdominal pain, yellow eyes, dark urine or pale bowel motions should be reported immediately, because these may indicate liver toxicity. If you are taking INAH, you will usually also be prescribed pyridoxine (Vitamin B6) in the form of small, white* tablets in 25mg strength. Isoniazid syrup is available for small children needing a lower dose.

Rifampicin: Capsules or tablets that come in three strengths, 150mg, 300mg and 600mg, and are powerful against the TB germ. The colour varies with different brands and strengths. Rifampicin syrup is available for small children needing a lower dose. This medication can cause red, orange or reddish-brown coloured urine, and occasionally other body fluids, such as tears. This is no cause for concern, but indicates that the drug is getting into the body. You must tell the doctor about *any regular medication* you take, because rifampicin can affect the action of certain drugs, especially warfarin, prednisone and the *oral contraceptive pill*.

If you are taking oral contraceptives, their effectiveness may be decreased and you will need to use other forms of contraception. Remember to tell the doctor if you are on such medications.

Interrupting rifampicin treatment can cause potentially serious side effects, from a flu-like illness (with headaches, fevers and chills) to a serious bleeding disorder with easy bruising and bleeding. *If this occurs, report immediately*, but remember, these symptoms *are rare if tablets are taken as directed* at the proper dose and frequency.

Ethambutol: Tablets come in two strengths, 400mg which is a large, grey* tablet, and 100mg which is a small, yellow* tablet. It is important to report any change in your eyesight (such as blurred vision or change in colour vision) when taking this tablet. If you have any kidney disease or if you suffer from gout, report this to your doctor before you start this medication.

Pyrazinamide: These are large, white 500mg tablets that act strongly against the TB germ in the first stages of treatment. Reporting to your doctor any side effects such as skin rash, fever, vomiting, yellowing of skin or eyes, darkened urine, joint pain or unusual bleeding or bruising is important. If you have gout, please tell your doctor.

Streptomycin: This is given as an injection and used only occasionally. Report to your doctor any symptoms of dizziness, loss of balance, nausea, ringing ears or hearing loss.

Prothionamide: Small, orange* 250mg tablets, with a smooth surface. Prothionamide is used only occasionally. Side effects of nausea, vomiting and diarrhoea can occur and should be reported.

Cycloserine: 250mg grey or red* capsules that are rarely used. Important side effects are mood and behaviour changes, and disturbances of concentration and memory.

**Colours of tablets may differ if changed by the manufacturers.*

Which symptoms should I report to my doctor?

Although many side effects are listed above, most people tolerate treatment without side effects.

If you experience any of the following symptoms:

- skin rashes (this could be due to an allergy to the tablets and must be reported immediately)
- other signs of allergy (these include swelling of lips, tongue or eyelids; wheezing; unexplained fever; and mouth ulcers, and must be reported immediately)
- nausea, vomiting, diarrhoea or abdominal pain
- tingling of hands or feet
- visual disturbances
- any other unusual symptoms such as exceptional tiredness, faintness or dizziness

Then it's important to contact:

- a Tuberculosis Control Unit (see location and contact details below)
- your own doctor
- or the nearest hospital immediately.

Further information

Location	Telephone	Location	Telephone
Metro South Clinical TB Service Princess Alexandra Hospital (Brisbane)	3176 4166	Cairns TB Control Unit Cairns Base Hospital	4226 6240
Rockhampton TB Control Unit Rockhampton Base Hospital	4920 6211	Townsville TB Control Unit Townsville General Hospital	4433 2860
Toowoomba TB Control Unit Toowoomba Hospital	4616 6446		

What should I do now?

1. Take the following medications *all together at the same time each day*—not necessarily swallowed all together. Strictly follow the advice, instructions and treatment from medical and nursing staff. Your doctor or nurse should fill out the number of tablets you are taking:

Drug	Dose	Drug	Dose
INAH (Isoniazid)	.....tablets	Prothionamide	.....250mg tablets
Rifampicin	..... 600 mg tablet 300 capsules 150 capsules	Cycloserine	..... 250mg tablets
Pyridoxine	..... 25mg tablets	<i>Others</i>	
Ethambutol	..... 400mg tablets 100mg tablets		
Pyrazinamide	..... tablets		

2. Continue taking the medication until advised by the doctor to stop. Remember, medication must be taken every day (unless planned otherwise by doctor), even if you feel well.
3. Most TB treatment regimens are safe during pregnancy and should not be interrupted before discussion with the doctor. It is important to tell the doctor as soon as possible if you become pregnant.
4. Do not change the dosage or interrupt daily treatment.
5. Do not offer the medications to others, even if they have similar complaints. Refer them to a doctor or a Tuberculosis Control Unit.
6. Treatment for TB will be of long duration (a minimum of six months treatment is required to ensure cure). Therefore, you should continue treatment as prescribed even if you are feeling well. This matter can be discussed with your doctor.
7. You will be asked by the Doctor to return regularly for appointments and it is most important that you keep these appointments. If it is impossible for you to attend the appointment, you must tell the Nurse from the TB Unit or your treating doctor so another appointment can be made.
8. The medicines are supplied free of charge through the Department of Health in cooperation with public hospital pharmacies. The principal supplier for Metro South TB Unit is The Princess Alexandra Hospital Pharmacy where the medications may be collected between 9.00am and 4.30pm, Monday to Friday (except Public Holidays). If this is not applicable to you, please discuss your collection point with your doctor. They should be collected regularly (usually on the same day as your appointment with the doctor). If your supply is low, obtain further medications immediately before you run out of stock.
9. If you have any doubts at all about the treatment or the dosage of drugs, contact the Medical or Nursing Staff of the closest TB Control Unit during office hours or your treating doctor.
10. Contact your doctor or TB Control Unit immediately if you have any side effects.
11. Remember to bring all your medications and empty bottles with you when you attend for your Doctor's appointment. Keep the medications out of reach of children and in a cool dry place.
12. A nurse from a TB Control Unit will be assigned to your care while you are taking these medications. The nurse will contact and/or visit you regularly whilst you are taking these medications to monitor your progress and will be available to discuss any concerns regarding the management of the disease.
13. There are many reasons why your doctor may plan supervised treatment for you, such as to closely monitor side effects. In this case, a supervisor will give your medications at the same time on the specific days.